

Manitoba Medical Association

(Canadian Medical Association, Manitoba Division)

Annual Reports of Committees

September, 1940

Report of Executive Committee

The Members of the Manitoba Medical Association.

Your Executive Committee begs to submit the following report for 1939-40:

National Emergency

Early in the European war on September 1st, 1939, the Canadian Medical Association offered their entire services to the Prime Minister of Canada, the Minister of National Defence, and to the Minister of Pensions and National Health. Shortly afterwards on September 12th, 1939, during their Annual Meeting, the Manitoba Medical Association offered to co-operate with the Canadian Medical Association in any plan that might be evolved in order to obtain the utmost in services from the medical profession of Manitoba. On the following week the Canadian Medical Association by invitation from the Government made suggestions: (1) that registration of the medical profession of the Dominion of Canada as to age, qualifications, military experience, choice of military service preferred, etc., be made; and (2) that a National Committee with district representation be formed to co-operate with the Government authorities in meeting military and civilian needs. On September 26th, 1939, a further conference between representatives of the Government and the Canadian Medical Association was held and the proposals above were acted upon: (1) to make a survey of the medical profession of Canada, (2) to establish a Committee to be known as the "National Medical Co-operative Committee" to transmit to the Department of the Government concerned advice based on information acquired from the questionnaire, and (3) to perform any other service of which the Association may be capable when and if invited to do so. This National Medical Co-operative Committee directed that there shall be established in each of the nine provinces a Divisional Advisory Committee nominated by each Provincial Division of the Canadian Medical Association to include within its personnel as detailed in their recommendation. After this set-up the Executive Committee of the Manitoba Medical Association proceeded at once to distribute questionnaires in the Province and formed the Divisional Advisory Committee advised by the National Medical Co-operative Committee: they selected the President of your Executive Committee as contact man with the District Medical officer for Military District Number Ten, and the representative from the Manitoba Medical Association on the Canadian Medical Association Executive Committee as contact man with the National Medical Co-operative Committee; he also was chosen as local Secretary of the local Advisory Committee in this province.

Firefighters' Medical Service Scheme

For some time the members of the Winnipeg Firefighters' Club, consisting of members of the Winnipeg Fire Brigade, have been considering the possibility of some medical scheme whereby their members and dependents would receive suitable medical attention in case of illness at a moderate cost, and yet meet with the approval of the Manitoba Medical Association. The proposal was referred to the Committee on Economics with Dr. Moorhead as Chairman, to interview the

Representatives of the Firefighters' Club and to find out what they expected and report to the Executive Committee of the Manitoba Medical Association. Many hours of consultations were consumed trying to bring both parties on a common footing. Among many points of difference was the cost of putting the scheme into action. This raised prolonged discussion but finally a charge was suggested that gave promise of the scheme being satisfactory to both parties. Doctor Moorhead reviewed the whole scheme before the Executive Committee of the Manitoba Medical Association and with the approval of the Winnipeg Medical Society it was agreed to try out the scheme for one year. The President, Secretary and/or Treasurer were authorized to sign the contract as representatives of the Manitoba Medical Association.

Examination of Military Recruits

On October 5th, 1939, a communication was received from Dr. F. W. Jackson, Deputy Minister of Health for Manitoba, in which he made the following suggestions: That all recruits for fighting services have included in their medical examination, (a) Chest plate, (b) Blood Wassermann test, (c) Urinalysis, and (d) the question of each recruit being inoculated with tetanus toxoid be considered. A motion was passed approving of the foregoing suggestions and that they be forwarded to the Canadian Medical Association. Chest plates are being taken of all recruits.

Evacuee Problem

The possible invasion of England by Germany raised the problem of the disposal of children for safety. The citizens in the Colonies and United States as well as Welfare Institutions offered homes for these unfortunates for the duration of the war. In the August number of each Manitoba Medical "Review" was enclosed a pamphlet outlining the responsibilities of the Dominion and Provincial Governments in the transportation and care of children between five and sixteen years from embarkation to their placing in foster homes. It is understood that the medical profession will provide medical attention when needed regardless of remuneration. There is some word that the responsibility for the care of serious illness or for major operation has been assumed by the Dominion Government, but this is not yet definite.

Survey of Births

A letter received from the Winnipeg Medical Society embodying resolution passed approving of a proposed survey of births by the Department of Health and Public Welfare, was read and carefully considered. A motion was carried "that this section respectfully suggests that the Department of Health and Public Welfare be requested to institute a study of antenatal, natal, neonatal deaths." Your Executive Committee approved of the motion outlined. On March 27th, 1940, the Secretary received a communication from Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare, advising that the Department of Health intended to carry out the survey.

Status of Hospital Internes

This has been a problem of much inquiry and debate, but at last on March 27th, 1940, the Secretary reported

that he had received a memorandum from Dr. Harvey Agnew, Secretary of the Department of Hospital Service of the Canadian Medical Association, incorporating legal opinion of Mr. Newcombe, which had been sent to the Canadian Medical Protective Association. A motion was passed by your Executive: "That a copy of this report be sent to the Honorary Attending Staff of St. Boniface Hospital and that it be read at the Annual General Meeting of the Manitoba Medical Association."

This report is as follows:—

"With reference to the request of Dr. Harvey Agnew of March 23rd, 1939, relative to legal responsibility for the acts of internes in hospitals and my opinion to you of April 14th, 1939, I understand the Canadian Medical Association is anxious to have me cover the case where the interne is a student in medicine who has not received his university degree or his provincial license to practice.

"The question is not an easy one upon which to express a decisive opinion.

"None of our Provincial Medical Acts require an internship as part of the medical qualification precedent to the granting of a license to practice and there is therefore no statutory sanction for the performance of the duties of an interne by a student.

"After careful search, I can find no court decisions of value in considering this question. My answers must, therefore, be based upon general principles.

"1. The responsibility of the hospital for the student interne.

"The hospital is responsible in the same way as it would be in the case of an interne who has been already licensed, or who has been qualified by the Canadian Medical Council.

"The hospital would be liable for any injury caused by delegation to a student of a duty which he could not reasonably be considered competent to perform and the determination of such competence is peculiarly a matter of professional skill within the judgment of the Medical Board of the hospital alone.

"2. The responsibility of the doctor for the acts of the student interne.

"The doctor must satisfy himself that the student interne is qualified for his duties by the teaching he has already received and that he is capable of carrying out his instructions. If trouble should occur, he will not incur liability unless he has entrusted to him a greater responsibility than his experience and training would reasonably qualify him to undertake. The doctor would, of course, be responsible for the acts of the student interne when he is personally present at the time when his instructions are being carried out and in a position to control the student.

"3. The student interne would be responsible for his own act if it were within his capacity to do and he did it in a negligent way, or if he undertook to do something which was beyond his capacity created by the training which he had already received."

Committee on Fees

The Chairman of the Fees Committee, Dr. J. C. McMillan, stated copies of the schedule of fees prepared by the Academy of Medicine, Toronto, had been issued to members of the Executive Committee, various practitioners in Winnipeg, and several copies to the Secretaries of the District Medical Societies. The various sections of the Winnipeg Medical Society entered into the discussion of the problem with the Special Fee Committee, and further formulated a tentative schedule of fees for their work. These reports were with certain modifications accepted. It was felt that copies of the schedule should be submitted to the District Medical Societies for study and a meeting be held at

which the members of the Fee Committee from the country attend and discuss the whole report. There the matter remains.

Manitoba Hospital Association re Inadequate Provision for Hospital Service

A communication was received from the Manitoba Hospital Association requesting appointment of a Special Committee to study the problem of inadequacy of provision for hospital costs, and asking for the co-operation of the Manitoba Medical Association. The Executive Committee of the Manitoba Medical Association selected the Special Committee with definite representation from the City Hospitals to meet members of the Manitoba Hospital Association for study of the problems referred to. Your Executive Committee has co-operated with the Manitoba Hospital Association in endeavoring to obtain more equitable fees for the hospitals for public ward patients. Representatives attended district meetings of the Manitoba Municipal Association to lay this problem before them and to endeavor to enlist their support in approaching the Government. As yet there is no record of definite progress but no doubt the problem will receive consideration at a later date.

Court Fees

For some years the payment of medical witness fees in court cases has been considerably lower than the fees for similar cases in adjoining provinces and elsewhere. In attempting to remedy this serious situation your Executive Committee chose a representative to interview the Attorney-General on the delicate subject. A copy of the schedule of fees was obtained, and the matter was referred to the Chairman of the Legislative Committee, Dr. Fahrni. His report is as follows:

"In reply to yours of June 13th, concerning the correspondence resulting from an enquiry regarding Coroners' fees, may I say that in as much as these fees are set by Order-in-Council any change will entail representation on the part of bonafide medical representatives.

"If it is your wish that changes be made in accordance with suggestions made by Dr. Skafel, I would suggest that you instruct our Committee accordingly, or better still have a Special Committee struck to deal with the matter."

In addition to the foregoing routine business the Executive considered many other subjects of importance, including Federation, radio broadcasting, municipal doctors' problems, psychiatric examinations of all military recruits, medical secretaries' conference, and other similar problems.

We extend to the Chairman and members of the Committee on Economics, our appreciation and thanks for their work in forming satisfactorily a health service scheme that finally met with the approval of the Firefighters' Club and the Executive Committee of the Manitoba Medical Association.

To all other sub-committees we sincerely thank you for attention to duties assigned to you in various capacities as well as for your wholesome co-operation in solving other problems.

To all others with whom we had occasion to ask for advice, we extend our appreciation for valued assistance.

Respectfully submitted.

DR. W. E. CAMPBELL,
President.

DR. W. E. R. COAD,
Honorary Secretary.

Report of Committee on Economics

*The President and Members
of the Manitoba Medical Association.*

Your Committee on Economics begs to submit the following report.

The war has altered the outlook of the medical relief scheme. Industry and the recruiting office are taking those who are fit. The remainder will show a high incidence of illness.

Certain alterations in the Medical Scheme have been discussed during the past year, but your Committee did not think that the profession would accept them, and no action has been taken.

After six months' hard work, in which many members of the profession assisted, the Firefighters' Medical Service was inaugurated in April. There are on this continent many medical schemes. They all have the same basic requirements, namely, provision of medical services by a group of doctors to citizens who pay for it on a budget system. The details of administration differ widely, and it is well that it should be so; we have not yet found the ideal method, we have not yet agreed on any standard of services and payment, and the only way we can arrive at a conclusion

is by the method of trial and error.

It is as yet too early to express definite views on our scheme, but certain trends have become apparent which will guide us should we decide to extend the plan to other groups. Applications have already been made but we have taken the stand that we shall only consider such a step after we have had a year's experience in the present scheme. Three principles seem to have crystallized: (1) that it should be on a co-operative basis, (2) that organized medicine should provide the service, (3) that it is more satisfactory to accept groups rather than individuals or families; this follows the lead of the successful hospital service associations.

May I again express my thanks to the members of my Committee who have given without stint their assistance and co-operation in the problems of medical economics. I am particularly grateful to Dr. J. A. Gunn and Dr. Ross Mitchell who have been members of the Committee since its inception, and whose knowledge of economic problems is extensive and invaluable.

Respectfully submitted.

E. S. MOORHEAD,
*Chairman,
Committee on Economics.*

Statement of Revenue and Disbursements January 1st to September 1st, 1940

REVENUE

By Fees collected for 1940	\$2,570.00
257 members at \$10.00 each	
" C.M.A. Fees collected — 168	
members	
(Funds remitted to Toronto)	

DISBURSEMENTS

To Advance Expenses paid for		
Annual Meeting	\$ 25.00	
" To Bank charges, exchange,		
etc.	18.96	
" General Expenses:		
1 new lantern screen	\$15.85	
Bond for Treasurer	5.00	
M.M.A. Medal	26.00	
Wreaths	15.00	
Petty cash supplies, etc.	6.73	
Telephone	29.11	
	97.69	
Honorarium Dr. C. W. MacCharles		
as Editor 1939 and to March		
31st, 1940	375.00	
Postage and Stationery	337.95	
Rent	90.00	
Salaries:		
Dr. C. W. MacCharles — 3		
months @ \$75.00	225.00	
Medical Business Bureau — 8		
months @ \$67.50	540.00	
Special work	6.00	
Travelling Expenses	12.80	
	\$1,728.40	\$2,570.00
		1,728.40

Surplus of Revenue over expendi-	
tures to Sept. 1st, 1940	\$ 841.60

Statement of Assets and Liabilities as at September 1st, 1940

ASSETS

Petty Cash on Hand	\$ 10.00
Balance in Bank of Montreal	3,768.59
Investments: Bonds at Cost Price:	
Province of Manitoba	
1956's 4 1/2 %	\$2,000.00
Province of Manitoba	
1947's 4 %	1,000.00
Dominion of Canada	
1943's 5 %	500.00
Canadian National	
Rly. 1969's 5 %	1,000.00
	4,518.50
Accounts owing by Advertisers ..	257.17
Library, Faculty of Medicine, for	
publishing medical library	
catalogue	100.00
Extra Mural expenses paid to be	
refunded by College of Phys-	
icians and Surgeons	42.00
Advance Expenses paid on Review	43.15

LIABILITIES

Owing to C.M.A. for dues col-		
lected	\$ 24.00	
Pharmacopoeias sold	6.00	
Balance at credit of Sociology		
Committee for expenses of		
office for period of 2 years	48.68	

SURPLUS ACCOUNT

Balance of surplus at		
Dec. 31st, 1939	\$7,819.13	
Add Excess of Revenue		
over Expenses to		
Sept. 1st, 1940	841.60	8,660.73
	\$8,739.41	\$8,739.41

Report of Committee on Cancer

*The President and Members
of the Manitoba Medical Association.*

On behalf of the Cancer Committee of your Association, I beg to make the following report:

The Cancer Relief and Research Institute of Manitoba has been active during the past year in channels other than its main function of supplying radium to the profession and the people of this Province. During the past year the Institute carried out an educational program in rural Manitoba, made an intensive survey of the cancer problem in one municipality, and as a result investigated some of the problems arising in the radiation treatment of patients.

the expense of treatment, modesty and an entirely unselfish desire to save their families worry.

3. In 70% of the homes the occupants reported that they feared the expense of cancer treatment more than they feared the disease itself.

As a result of these findings a study has been made of the geographical distribution of the patients receiving radiation treatment. It has been found that exactly half the radium treatments have been given to rural patients and half to residents of Greater Winnipeg. The populations of rural Manitoba and Greater Winnipeg are the same. Hence the utilization of radium must be considered as being markedly efficient. This is attributed to the work of the Institute which over a period of years has continually campaigned in the country for funds to supply radium to indigents and others at a cost they can afford to pay.

A survey of the geographical distribution of patients receiving X-ray treatment showed that 70% of them came from Winnipeg. The marked diversity between those receiving X-ray treatment and those receiving radium treatment must be attributed to the fear of expense and due to the fact that the Institute having no X-ray equipment of its own has been unable to

The rural educational program consisted of giving periodic talks in various parts of the Province. During 1939, with the assistance of the Department of Health, there were approximately 37 public talks on cancer given. A Cancer Week was organized and 35,000 pamphlets distributed throughout rural Manitoba by the active support of various women's organizations, principally the Women's Institutes.

An intensive study of the cancer problem was made in the Rural Municipality of Portage la Prairie by a nurse trained in cancer and public health. She made a house to house survey and arranged talks for all the small women's groups in the municipality. It is intended to extend this work until ultimately the whole Province will be covered.

The chief findings of the Cancer Health nurse are:

1. The number of cancer cases reported in the Municipality of Portage la Prairie from 1934 to 1938 were 36. The number of deaths registered from this cause in the same area were 83. Cancer has been a reportable disease for almost ten years, so it is apparent that either the disease is not being recognized until the most advanced stages or it is not being reported when recognized early.
2. Out of the women visited in their homes 14% had suspicious symptoms and even after consultation with the nurse only 50% visited their physicians for examination. It required some three to four visits of the nurse in some of these cases before the suspect could be induced to visit her physician. The nurse reported a marked disinclination of people to undergo a medical examination, a fact that fully confirms the experience of so many practising physicians. This reluctance would seem to be based upon a combination of a fear of the existence of cancer, a fear of

publicize X-ray treatments given at a cost which the consumer can afford to meet. Steps are now being taken to see what can be done to reduce the cost of X-ray therapy. The Institute is working in conjunction with and not in opposition to hospitals owning the existing equipment.

A study of the registered death rate of cancer of the female genital organs, most of which would be cancer of the cervix, a disease which requires a joint use of X-ray and radium, showed that during the ten years prior to the formation of the Cancer Institute the death rate remained constant. Following the formation of the Institute the registered death rate started to rise, and has risen at a constant rate. After nine and one-half years the registered deaths have increased 100%. This can only be interpreted as indicating that there is a tremendous amount of cancer which was not being properly diagnosed. Moreover it indicates that the treatment being received at present is, in many cases, ineffectual. This further emphasizes the necessity of increasing the use of deep X-ray facilities as one cannot hope for effective treatment of cancer in this site from radium alone.

Your representative attended the meeting of the Grand Council of the Canadian Society for the Control of Cancer in Toronto on June 22nd, at which representatives from Ontario and the Western Provinces were present. Unfortunately there were no representatives from the three Maritime Provinces and Quebec.

As stated in our report last year, we have found it very difficult to reconcile the plan of operation of this Society with the work of the Cancer Relief and Research Institute in this Province, and the writer brought this question up before the Grand Council. It was the feeling of that meeting that nothing should be done to interfere with the effectiveness of the work of the organization in Manitoba, but it is hoped that the plan of operation of the Canadian Society for the Control of Cancer will be moulded in the future more along plans that will fit in better with the operation of the local Institute.

Respectfully submitted.

G. S. FAHRNI,
Chairman,
Committee on Cancer.

Report of Committee on Archives

*The President and Members
of the Manitoba Medical Association.*

Your Committee begs to report as follows:

Obstetrical forceps of an early and unique design and once used by a Dr. Harvey of Peterborough, Ont., about sixty years ago, was presented to your Association by the kindness of Dr. Alex. Wright, of Tisdale, Sask., a graduate in Medicine of the University of Manitoba. This gift is valuable for its associations and in connection with the history of the forceps, and we are indebted to the generous giver.

Your Committee will welcome material suitable for inclusion in the archives biographical material, especially of pioneer doctors of Manitoba, Indian or Eskimo Medicine, early medical or surgical instruments, e.g., cupping instruments, phlebotomy lancets, monoaural stethoscopes, books, especially early atlases. These can be stored in fireproof quarters in the Medical College and would serve as the nucleus of a Medical History Museum. The pioneers of this country are rapidly disappearing and much valuable material may be irretrievably lost, if no thought is given as to its value particularly in years to come.

Respectfully submitted.

ROSS MITCHELL,
Chairman,
Committee on Archives.

Report of Extra Mural Committee

*The President and Members
of the Manitoba Medical Association.*

Your Extra Mural Committee begs to submit the following report:

During the year ending September, 1940, several meetings were held by the various District Medical Societies throughout the Province to which fourteen clinicians were sent to contribute to the various programmes.

The following is a list of the meetings of the various Societies:

Brandon and District Medical Association: Two speakers attended a meeting at Ninette on October 18th, 1939, and two attended a meeting at Brandon on November 15th, 1939.

North Western District Medical Society: For the meeting at Minnedosa on October 11th, 1939, one speaker was provided. On July 10th, 1940, at Shoal Lake two speakers attended, and the same number attended a meeting at Virden on August 14th, 1940.

Southern District Medical Society: Two speakers attended a meeting at Morden on June 27th, 1940.

North of 53 District Medical Society: One speaker was provided for a meeting at Flin Flon on July 20th, 1940.

In addition to the above, two speakers attended a conjoint meeting of the Brandon and District Medical Association and the North Western District Medical Society at Clear Lake on June 19th, 1940.

To the College of Physicians and Surgeons we extend our sincere thanks for the grant towards defraying the travelling expenses of the various speakers, and we trust that the College will be as sympathetic for the ensuing year.

The thanks of this Committee is extended to the various clinicians who prepared papers and gave their time in order to attend these meetings.

Respectfully submitted.

W. E. R. COAD,
*Chairman,
Extra Mural Committee.*

Report of Editorial Committee

*The President and Members
of the Manitoba Medical Association.*

The Editorial Committee begs to report as follows:

The enlistment of Dr. C. W. MacCharles in May made the appointment of a new editor necessary. The policy of the "Review" has been continued in the selection of clinical papers of practical interest to the general practitioner, and certain new departments have been added.

Contributions, clinical or personal interest, solicited.

The "Review" continues to be self-supporting and the financial position is detailed in the report of the Honorary Treasurer.

The Editorial Committee wishes to place on record its thanks to all those who contributed papers, to the staff, the printers, and the business manager.

Respectfully submitted.

F. G. ALLISON,
*Editor and Chairman,
Editorial Committee,
Manitoba Medical Review.*

Report of Editorial Board C. M. A. Journal

*The President and Members
of the Manitoba Medical Association.*

Manitoba physicians have made a number of contributions to the columns of the Canadian Medical Association "Journal" within the past year. Following is a list of the subjects within their authors:

Actinomycosis Treated with Sulphanilamide: M. R. MacCharles and J. W. Kippen.

The Band Operation: W. A. Bigelow.

Attempt to Inhibit the Development of Tar-Carcinoma in Mice: J. R. Davidson.

Ambulatory Treatment of Fractures: A Gibson.

Dermoid Cyst of Mediastinum with Rupture into Pleural Cavity: D. Wheeler.

Pollen Disease in Western Canada: C. H. A. Walton.

Pollen Survey in Manitoba: C. H. A. Walton and M. G. Dudley.

Renal Tuberculosis: H. D. Morse and D. L. Scott.

Fracture of First Metacarpal Bone: E. S. James and A. Gibson.

Allergy in Children: Gordon Chown.

Travelling Clinics in Manitoba: A. L. Paine.

Alcohol and Automobile Driving: A. T. Cameron.

Medical views originating in the Province has been reported monthly under the heading "Manitoba Notes." Obituary notices of deceased Manitoba physicians have been published. Notes on University of Manitoba results and awards in the Faculty of Medicine on the Winnipeg Medical Society, and on the Annual Meeting of the Manitoba Branch of the Canadian Medical Association, have also appeared. Your Committee has been represented in Abstracts on Obstetrics and Gynaecology.

The standing and influence of the Canadian Medical Association "Journal" are increasing steadily in the medical world, and articles appearing in it are frequently referred to in other "Journals."

Respectfully submitted.

ROSS MITCHELL,
*Chairman, Editorial Board,
Canadian Medical Association Journal.*

Committee on Constitution and By-Laws

*The President and Members
of the Manitoba Medical Association.*

Since the last Annual Meeting nothing has come up for the attention of the Committee on Constitution and By-Laws, and there is no activity to report.

Respectfully submitted.

F. D. McKENTY,
*Chairman, Committee on
Constitutions and By-Laws.*

Legislative Committee

*The President and Members
of the Manitoba Medical Association.*

On behalf of the Legislative Committee of your Association, I wish to state that nothing of unusual importance has transpired during the past year.

Respectfully submitted.

G. S. FAHRNI,
*Chairman,
Legislative Committee.*

Committee on Medical Education

*The President and Members
of the Manitoba Medical Association.*

There were no subjects referred to this Committee in the past year and hence there really is nothing to report officially.

It may be of interest to report to the Members that (1) the system of senior clinical teaching has been changed from the old type of clinic to clinical clerkships of varying duration in the different subjects; (2) the difficulties regarding the duplication of Final examinations have finally been overcome and that we may now utilize the Dominion Council examination for both our own final examination and for the purposes of the Council.

Respectfully submitted.

A. T. MATHERS,
*Chairman,
Committee on Medical Education.*

Report of Maternal Mortality Committee

*The President and Members
of the Manitoba Medical Association.*

Your Committee has had a fairly busy year. It has spent many long hours in assisting the Department of Health in setting up a code for the analysis of the results of the two years pregnancy survey which ended last May. The final results of which will not be obtainable for some time.

Your Committee also drew up the questionnaire to be used in investigation of ante-natal, natal and neonatal deaths as requested of the Department of Health and Public Welfare by your association. It is hoped that every practitioner in the Province will co-operate to the full in this investigation.

There were 13,624 live births in Manitoba in 1939, a ratio per 1,000 of 18.7. The total maternal death rate per 1,000 was 3.3. Exclusive of Indians and Half-breeds, the death rate was 2.9. The maternal death rate per 1,000 among Indians was 10.0, and among Half-breeds was 13.2. The still-birth rate per 1,000 live births among Half-breeds was 39. The average of the whole Province was 24 still-births per 1,000 live births. The Indian and Half-breed presents a definite problem which must be faced in the near future, if we are to continue our reduction of the maternal and infant death rate.

An analysis of the causes of maternal deaths is as follows:

- I. Puerperal albuminuria, eclampsia and other toxæmias (14) — 31%.
- II. Puerperal septicaemia (7) — 15.6%.
- III. Placenta Praevia and other puerperal haemorrhages (7) — 15.6%.
- IV. Due to abortion (6) — 13.3%.

All of which is respectfully submitted.

F. G. MCGUINNESS,
*Chairman,
Maternal Mortality Committee.*

Report on Historical Medicine and Necrology

*The President and Members
of the Manitoba Medical Association.*

Your Committee begs to report as follows:

Death has taken toll of Manitoba physicians during the past year, heavy both in numbers and as regards the influence they exerted on the community in general and on organized medicine in particular. The list

includes: William Harvey Smith, Past President of the British and Canadian Medical Associations, one of the founders and the second President of the Manitoba Medical Association (1910), a medical statesman particularly interested in economics and health insurance; Alexander J. Douglas, pioneer health officer of the City of Winnipeg (1900-1939); Alexander Jardine Hunter, physician and clergyman, and for thirty-eight years head of Hunter Hospital at Teulon; James McKenty, leading surgeon, President of Manitoba Medical Association (1917); George Darling Shortreed of Grandview, President of the Manitoba Medical Association (1919); Harvey Hicks of Griswold, ex. M.L.A., Superintendent of Brandon Mental Hospital (1915); Joseph B. Chambers, a veteran of the Riel uprising in 1885, Superintendent of Brandon and Selkirk Mental Hospitals. Others to be mourned are: F. F. Dunham, M.C., with bar of West Kildonan; Dan. McDougall of Winnipeg, William Cole, both war veterans; Charles J. Jamieson, veteran curler of Winnipeg; Frank A. Smith, radiologist of Winnipeg; Maxwell Wallace of Emerson; George Staples of St. Claude; C. W. MacVicar, Winnipeg.

To their relatives we extend our deep sympathy.

Respectfully submitted.

ROSS MITCHELL,
*Chairman, Committee on Historical
Medicine and Necrology.*

OBITUARY

Alexander Jardine Hunter

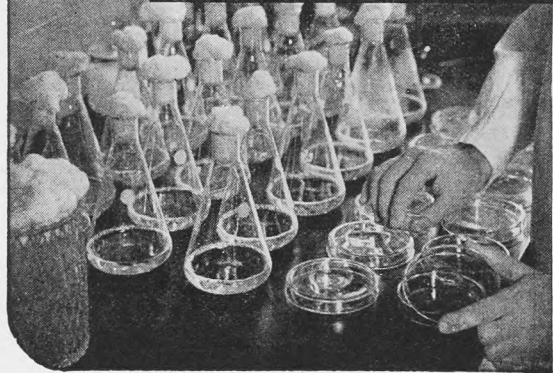
Alexander Jardine Hunter, M.D., D.D., M.B.E., died at Teulon on August 25th in his 73rd year after a long illness. In Osler's phrase he exhibited the "angelic conjunction" of physician and priest.

Born at Leith, Ontario, in 1868, a son of the manse, he graduated in Medicine from Toronto University in 1895 and practised for four years in Bruce County. Entering the ministry, he graduated from Knox College, Toronto, in 1901, and a year later came to Teulon, where there is a large Ukrainian settlement. There he founded the Hunter Hospital, the Boys' Home and the Girls' Home, which are maintained by the Women's Missionary Society of the United Church.

In the 38 years of his life at Teulon he made a profound impression on the community. He translated into English, poems of the great poet of the Ukraine, Taris Shevchenko, and edited the Canadian Ranok, a weekly Ukrainian publication printed in the interests of the United Church of Canada. He was a keen naturalist and had a fine collection of butterflies and moths of Manitoba. In his later years he was especially interested in the social order and wrote booklets which were circulated among his friends. In 1920 he received the degree of Doctor of Divinity from Knox College, and in 1935 he was made a Member of the Order of the British Empire. He is survived by his widow, two sons and one daughter.

He was the stuff of which pioneers are made and his influence in the Teulon area has been great and will continue to manifest itself through the institutions which he started — the Hospital in 1903, the Boys' Home in 1910 and the Girls' Home four years later.

SULFATHIAZOLE-WINTHROP



Another important chapter **IN ANTIBACTERIAL CHEMOTHERAPY!**

• The new sulfonamide derivative—Sulfathiazole—constitutes an additional triumph of chemotherapeutic research which will prove of great value to clinical medicine.

Numerous cases of pneumococcus pneumonia and of staphylococcus septicemia have responded with dramatic promptness to the curative action of this thiazole analogue of sulfapyridine. Sulfathiazole is usually administered in doses that are essentially the same as those of sulfapyridine, but it is more uniformly absorbed and has less tendency to cause serious nausea or vomiting.

Sulfathiazole is effective also against other pathogenic organisms, but its general clinical application in such infections should await the published reports on various investigations still in progress.

*Write for literature which discusses the indications,
dosage and possible side effects of Sulfathiazole.*

Specify

SULFATHIAZOLE - WINTHROP



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Editorials and Association Notes

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ESTABLISHED 1921

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*Editorial or other opinion expressed in this Review is not necessarily
 sanctioned by the Manitoba Medical Association*

The Prevention of Endocarditis

Subacute Bacterial Endocarditis is one of the most inexorable diseases the physician has to face. Once the streptococcus viridans is established on the endocardium it is almost a miracle if any serotherapy or Dagenan and Heparin treatment is able to dislodge it. The doctor tries one futile expedient after another, and watches his patient become more weak, more pale and more toxic each day, until death comes as a release to the sufferer.

But if every patient with rheumatic or congenital heart disease is warned of the danger of tooth extraction the incidence of this infection would be materially reduced. It is not generally appreciated that extraction of teeth causes a transitory streptococcus viridans bacteremia in a very high percentage of normal persons.

The best way for a rheumatic or congenital heart disease patient to avoid this danger is regular dental care, so that extractions are not necessary. If an extraction must be done a large dose of Dagenan should be administered about three hours beforehand. The tooth socket should be treated immediately with 95% carbolic acid, followed at once by alcohol.

Dr. F. T. Cadham, Professor of Bacteriology in the University of Manitoba, is of the opinion that immunization by a streptococcus viridans vaccine would diminish the risk of the development of subacute bacterial endocarditis in patients with rheumatic or congenital heart disease.

ABSTRACTS

3 Dye Method for Burns

Jour. Amer. Med. Ass'n., 1939, Vol. II, p. 1261

This method was devised to avoid the infection which so frequently accompanies the tannic acid treatment.

An aqueous solution containing 1% gentian violet, 1% brilliant green, and .1% neutral acriflavine forms a stable mixture. No wound cleaning is necessary except opening blisters. The mixture is sprayed or painted over the burn. It relieves pain and forms a flexible tanned area. Only one or two applications are necessary. A cradle is placed over the patient. In twenty-seven cases there were no infections.

Intravenous Histamine for Meniere's Disease

Pro. Mayo Clinic, Jan. 10, 1940, p. 19

2 mg. Histamine acid phosphate dissolved in 250 cc. sterile normal saline was given intravenously, taking 90 minutes for the injection, to eleven severe intractable cases of Meniere's Disease, while in the acute or subacute stage. There were no ill effects. All patients responded in a spectacular manner. A few of them received injections for several successive days.

—F.G.A.

M. M. A. Officers for 1940-41

The Annual Meeting of the Manitoba Division of the Canadian Medical Association was held on Thursday, September 19th, 1940, in the Fort Garry Hotel. The election of officers for 1940-41 gave the following results:

President.....	Dr. E. L. Ross
First vice-president.....	Dr. H. D. Kitchen
Second vice-president.....	Dr. S. Bardal
Treasurer.....	Dr. S. G. Herbert
Secretary.....	Dr. W. E. R. Coad

Members at large:—

For Winnipeg.....	Dr. D. L. Scott
Outside of Winnipeg.....	Dr. J. R. Martin

Golf

The Annual Golf Tournament of the Manitoba Medical Association was held on September 21st, 1940, at the Niakwa Country Club. The day was perfect, the course more perfect, and attendance very satisfactory. There were forty-eight contestants, many of whom were visitors. The list was headed by Dr. J. D. Adamson and Dr. G. L. Adamson. A play-off is necessary to determine who will be winner of the Association Cup.

—W.E.R.C.

Personal Notes and Social News

Conducted by Gerda Fremming, M.D.

Dr. W. B. MacKinnon, R.C.A.M.C., Winnipeg, eldest son of Mrs. MacKinnon and the late Mr. Neil R. MacKinnon, was united in marriage August 31st to Jeanella S., twin daughter of Mr. and Mrs. William A. Rothney, Oak River, Man. After the wedding Dr. and Mrs. MacKinnon left for Minaki.

* * *

Dr. Donald Neal Campbell McIntyre, son of Dr. and Mrs. Donald F. McIntyre of Winnipeg, was united in marriage Saturday, Sept. 7th, to Nancy Kneeland, only daughter of Mrs. Charles Jay Martin. After the ceremony Dr. and Mrs. McIntyre left for the Canadian Rockies and the Pacific Coast where they will spend the next few weeks.

* * *

Dr. and Mrs. Sydney Larsen, of New York City, formerly of Regina, Sask., are receiving congratulations on the birth of a son.

* * *

Dr. Esther Gorsey, daughter of Mr. Walter Gorsey and the late Mrs. Gorsey, was united in marriage August 18th to Dr. Jacob Hollenberg, youngest son of Mr. and Mrs. M. Hollenberg, of Winnipeg. Dr. and Mrs. left on a honeymoon trip to Banff.

* * *

Dr. and Mrs. Glen F. Hamilton are receiving congratulations on the birth of a son, John Glen, at the Winnipeg General Hospital, on September 5th.

* * *

Dr. and Mrs. M. Ormerod took a holiday trip by motor to The Pas. They also visited Flin Flon.

* * *

Dr. and Mrs. C. C. Everson, of Morden, Man., travelled by motor to the Rockies, Vancouver and Victoria for a vacation jaunt.

* * *

Dr. J. S. Poole, M.L.A. of Neepawa, Man., attended the meeting of the Canadian Medical Council of Canada, at Ottawa, Ont.

* * *

Dr. and Mrs. I. O. Fryer were recent visitors to Virden, Man. While there the doctor shot a few pleasant rounds of golf over the Virden course, which he helped to establish.

* * *

Dr. and Mrs. O. S. Ross, Miss Joy Ross and Mrs. Joslin, of Virden, Man., took a 3,500-mile motor trip to Banff, Jasper and other points of interest.

* * *

Dr. F. Hartley Smith, formerly second in command of the 3rd Field Ambulance, R.C.A.M.C., has been promoted to the rank of Major and is now in charge of the 1st Canadian Motor Ambulance convoy.

Dr. F. Peavey Cameron has been appointed resident surgical officer to Warwick Hospital, England. Dr. Cameron recently received a fellowship at the Royal College of Surgeons.

* * *

Dr. and Mrs. Frank H. Rodin, now of San Francisco, spent a few days in Winnipeg visiting Dr. Rodin's mother.

* * *

Dr. Gerald James Creasy, son of Mr. and Mrs. F. Creasy, of Portage la Prairie, Man., was united in marriage August 26th to Elsie Irene, daughter of the late Mr. W. A. McPhail, of Neepawa, Man. After their honeymoon Dr. and Mrs. Creasy will return to Newdale, Man.

* * *

Dr. Jean Bourgouin, son of Mr. and Mrs. J. H. Bourgouin, was married to Madeline, daughter of Mrs. James Alexander Mooney, on September 4th. After the ceremony, Dr. and Mrs. Bourgouin left by motor for Western points and upon their return will reside at 190 Cambridge street, Winnipeg.

* * *

Dr. and Mrs. Roy H. Fraser, of Vancouver, formerly of Winnipeg, are receiving congratulations on the birth of a daughter, Margaret Airdrie.

* * *

Dr. and Mrs. T. W. Shaw, of Russell, Man., with Elinor and Marney, have returned from a holiday trip to Eastern Ontario.

* * *

Dr. and Mrs. E. H. Alexander and family have closed their summer home at Keewatin Beach, Ont. E. H. states that he did not have much luck fishing this season, having caught only a few male fish. Evidently the ladies did not fall for his line.

* * *

Dr. T. R. Corbett, of Crystal City, we are told, has an entirely different version of fishing in the Lake of the Woods. He is reported to have made many good catches while holidaying there this year, and one of his victims was a fine eight pound pickerel.

* * *

Dr. Jas. Gordon Fyffe's engagement to Wilma Jean Kenney Marshall has been announced. The marriage to take place October 2nd, 1940.

* * *

Lt.-Col. T. E. Holland has been appointed Acting Provincial Surgeon of the St. John Ambulance Brigade.

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Iron is the *oldest* and still one of the most effective treatments for anaemia; but the *most potent form of iron medication* was not definitely known until recently.

In the past, hundreds of organic and inorganic compounds of iron have been tried clinically with widely varying results. This variation of result caused investigators to continue the study of iron absorption in anaemia. Their recent investigations confirmed the previously observed fact that ferrous salts are more readily absorbed than other forms of iron, and that all ingested iron is converted into the ferrous state before absorption. *cf. Journal C.M.A. March '33. Lucas and Henderson.*

F. Hendrych and K. Klimesch, Arch.

Exptl. Path. Pharmakol 178, 178-88, 1935, regard ferrous chloride as the physiological form of iron. They find that it does not cause chronic poisoning when administered orally, but that ferrous carbonate and ferric citrate cause characteristic liver damage.

But ferrous chloride is unstable and so unpalatable that many patients refuse to continue treatment long enough to raise the haemoglobin to normal.

Former objections to the use of ferrous chloride have been overcome in Ferrochlor E.B.S. which presents ferrous chloride in permanent and palatable form. Each teaspoonful dose of Ferrochlor contains 2 grains of ferrous chloride, equivalent to 30 grains of reduced iron.

"Ferrochlor E.B.S. builds haemoglobin rapidly."

Ferrochlor is also supplied in tablet form for patients who prefer this form of iron medication.

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Department of Health and Public Welfare

Diphtheria Immunization

In Manitoba and on this continent generally, diphtheria has been withdrawn from the important place it once held as a cause of death, but this is not so in countries such as Great Britain where immunization has never been practised on as large a scale as it has in the United States and Canada.

In 1938 England and Wales had twice as many cases of diphtheria as the United States and 15 per cent. more deaths from the disease with less than one-third the population. ¹(Mortality rate per 100,000 — 1938: U.S.A. approximately 2, Canada approximately 3).

Diphtheria in Manitoba has declined steadily, especially during the past fifteen years until 1937 (see Table I.). We believe this is attributable largely to the use of diphtheria toxoid.

Table No. I
Diphtheria Cases and Deaths in Manitoba 1920-1939

Year	Cases	Deaths	Year	Cases	Deaths
1920	1,759	171	1930	586	39
1921	1,585	148	1931	526	46
1922	2,310	150	1932	401	26
1923	2,015	122	1933	405	20
1924	1,395	98	1934	475	28
1925	1,016	100	1935	276	16
1926	1,077	92	1936	174	15
1927	933	88	1937	103	8
1928	972	56	1938	234	14
1929	740	59	1939	283	11

(Exclusive of Treaty Indians)

During the past two years in Manitoba, and in Canada as a whole, diphtheria has shown a definite upswing. During the year 1939 there were more cases reported in Manitoba than in any of the four previous years.

Diphtheria and the Dominion Council of Health

In the Canadian Public Health Journal of June, 1940, there appeared an editorial, a portion of which is quoted as follows: "Among the resolutions passed at the fortieth meeting of the Dominion Council of Health held in Ottawa on May 13th, 14th and 15th, was one which expressed the unanimous opinion of the Council concerning the method of immunization of susceptible persons against diphtheria. It was recorded that it is the opinion of this body that three doses of diphtheria toxoid given at appropriate intervals, provides at present the most satisfactory and most efficient method of protection."

This expression of the Dominion Council of Health is based on the exceptionally satisfactory results which have followed the administration of diphtheria toxoid in Canada during the past ten years. Distribution of diphtheria toxoid was undertaken by the Connaught Laboratories in 1925. The value of this product was easily established by the carefully controlled scientific observations of McKinnon and Ross in the School of Hygiene, University of Toronto, and confirmed by the successful control of diphtheria throughout Canada. The record of Hamilton, Brantford, St. Catharines, Toronto, Ottawa, Montreal, Vancouver, Winnipeg and other cities in preventing diphtheria has attracted world wide attention.

The possibility of improving diphtheria toxoid has been the subject of intense laboratory and field investigations. Other preparations of diphtheria toxoid are being developed, some of which may possess distinct

advantages over the present form of this product, and may greatly facilitate immunization against diphtheria.

The resolution passed by the Dominion Council of Health is most helpful at this time, as it assures all health officers that the present procedure of using three doses of fluid toxoid is highly satisfactory and efficient. There can be no question that we possess adequate means to prevent diphtheria. Every municipality must accept responsibility if deaths from this disease are allowed to occur.

Interval Between Doses of Toxoid and Duration of Immunity

The diphtheria toxoid referred to here is the plain or unmodified toxoid and has been distributed free of charge through the Department of Health and Public Welfare of Manitoba since 1928. This material is used "with an interval of three weeks between doses" as recommended in the directions issued by the Connaught Laboratories. The length of the interval between doses is a factor in the production of immunity. Experiments indicate that by lengthening the interval from three weeks to one month very definitely improved the response. That is to say, an increased antitoxin response results when the interval between the doses is increased to one month or longer.

The duration of the immunity resulting from this treatment may vary in different individuals. However, it is important to appreciate that the level of antitoxin produced in response to toxoid diminishes over a period of time. The level may fall below the point necessary for protection. This probably explains the diphtheria cases reported each year which are known to have previously had three doses of toxoid. Studies of this situation have shown that an augmenting or reinforcing dose of toxoid will boost the antitoxin of the blood to a satisfactory level. An extensive survey of children in Toronto who had been given three doses of toxoid some years previously showed 750 to be Schick positive; 99% of them became Schick negative within one month after a single dose of toxoid ($\frac{1}{4}$ to 1 c.c.).⁴

Immunization in Manitoba

Diphtheria continues to be too prevalent in Manitoba. More extensive immunization is needed.

At the end of 1935 it was estimated that one-half the school and pre-school population of Manitoba had been treated. Since that time the average number of complete toxoid treatments issued has been 16,798 each year, and during 1939 we know that 18,145 children received three doses of toxoid. This does not include those who may have been done privately.

To extend the diphtheria immunization to a point where the prevalence of the disease should be influenced, a well organized plan is necessary in every community.

In such an undertaking, special efforts should be made to treat children in the pre-school group and not confine the effort to the school children.

Table II. shows that in Manitoba two-thirds of the cases and nine-tenths of the deaths, during the past three years, were in children under fifteen years of age. Under ten years, 50 per cent. of the cases and three-quarters of the deaths are reported, and under five years about 25 per cent. of the cases and 50 per cent. of the deaths are found.

Table No. II
Diphtheria Cases and Deaths, Age Groups
Manitoba 1937-1939

	Cases		Deaths	
	Number	Per Cent	Number	Per Cent
0- 4	147	22.2	20	51.2
5- 9	174	26.3	11	28.2
10-14	106	16.0	3	7.7
15-19	70	10.5	2	5.2
20-24	46	7.0		
25-29	33	5.0		
30 and over	69	10.4	3	7.7
Unknown	17	2.6		
Total	662	100.0	39	100.0

(Includes Treaty Indians)

Immunize with diphtheria toxoid and keep immune with the reinforcement or augmenting dose.

Clinics which are to be held should be planned and organized so that all children within the group to be treated will have an opportunity to attend.

Parents must be given an opportunity of objecting to any such treatment for their children.

The Public Health Nurse, provided by the Department of Health and Public Welfare to assist the physician, carries with her needles, syringes and equipment for their sterilization. She also assists in seeing that proper records are kept and that toxoid certificates are distributed.

1. Public Health Reports, U.S.P.H. Service, May 10, 1940.
2. National Health Review, July, 1940, Late J. G. Fitzgerald, M.D.
3. Canadian Public Health Journal, 39, 30, 369.
4. Canadian Public Health Journal, 1939-30.

COMMUNICABLE DISEASES REPORTED

Urban and Rural -- July 16 to August 12, 1940

Measles: Total 239—Unorganized 54, Thompson 26, Winnipeg 18, Brandon 16, Siglunes 14, Transcona 8, Portage Rural 6, Arthur 4, Hanover 4, Miniota 4, Woodlea 4, Portage City 3, Blanchard 2, Glenwood 2, Pipestone 2, Argyle 1, Daly 1, Dauphin Rural 1, Emerson 1, Flin Flon 1, Fort Garry 1, Grey 1, Lac du Bonnet 1, Louise 1, MacDonald 1, Melita 1, Morton 1, Oakland 1, Ochre River 1, Rivers 1, Ste. Anne 1, St. Clements 1, Souris 1, Tuxedo 1, Winchester 1 (Late Reported: Siglunes 24, DeSalaberry 9, Winchester 8, Woodlands 4, Transcona 2, Unorganized 2, Deloraine 1, Miniota 1, Arthur 1).

Whooping Cough: Total 125—Winnipeg 33, St. Boniface 10, Woodlands 9, Minnedosa 9, Sifton 8, Unorganized 4, Oak Lake 4, Napinka 3, Pipestone 3, Melita 3, Albert 2, Brandon 2, Arthur 1, Blanchard 1, Fort Garry 1, Kildonan East 1, Lac du Bonnet 1, Portage City 1, St. Vital 1 (Late Reported: Brandon 6, Oak Lake Town 4, Birtle 3, Sifton 3, DeSalaberry 2, Flin Flon 2, Minnedosa 2, Napinka 2, Brenda 1, Lac du Bonnet 1, St. Vital 1, Unorganized 1).

Chickenpox: Total 85—Winnipeg 52, The Pas 9, St. Vital 8, Unorganized 3, Arthur 1, Daly 1, Emerson 1, Harrison 1, Kildonan West 1, Minnedosa 1, Portage City 1, Rosedale 1, St. Boniface 1, Selkirk 1, Sifton 1, Souris 1, Transcona 1.

Tuberculosis: Total 75—Winnipeg 24, Unorganized 5, Selkirk 3, St. Clements 3, Rhineland 3, Lorne 3, Brokenhead 3, Lac du Bonnet 2, St. James 2, Stanley 2, Blanchard 1, Brandon 1, Cartier 1, Dauphin Town 1, Eriksdale 1, Franklin 1, Gilbert Plains Village 1, Kildonan East 1, Kildonan West 1, Lakeview 1, Minitonas 1, Ochre River 1, Portage City 1, Portage Rural 1, Ritchot 1, Rossburn Rural 1, St. Boniface 1, St. Francois Xavier 1, Ste. Rose Rural 1, Shoal Lake

Village 1, Sifton 1, Stonewall 1, Swan River 1, Virden 1, Whitehead 1.

Scarlet Fever: Total 29—Winnipeg 18, The Pas 3, St. Anne 2, Cartier 2, Dauphin Town 1, Gilbert Plains Rural 1, MacDonald 1 (Late Reported: Cartier 1).

Pneumonia Lobar: Total 15—Brandon 1, Gilbert Plains Village 1, Rockwood 1, Ste. Rose Village 1, Ste. Rose Rural 1, Unorganized 1 (Late Reported: Unorganized 2, Beausejour 1, Brooklands 1, Morris Rural 1, Whitehead 1, Winchester 1, Flin Flon 1, Strathclair 1).

Mumps: Total 14—Winnipeg 4, Blanchard 3, Emerson 2, Hamiota Village 2, Coldwell 1, Tuxedo 1 (Late Reported: Flin Flon 1).

Diphtheria: Total 12—Winnipeg 6, Kildonan West 2, Portage Rural 1, Rhineland 1, St. Andrews 1 (Late Reported: Ellice 1).

German Measles: Total 8—Brandon 5, Emerson 1 (Late Reported: Brandon 2).

Influenza: Total 8—St. James 1 (Late Reported: Dauphin Rural 1, Whitemouth 1, Glenella 1, Odanah 1, Cypress South 1, Pipestone 1, Rhineland 1).

Diphtheria Carriers: Total 6—Winnipeg 6.

Typhoid Fever: Total 3—Grey 1, Silver Creek 1, St. Boniface 1.

Erysipelas: Total 2—Winnipeg 2.

Undulant Fever: Total 1—Carman 1.

Venereal Diseases: Total 84—Gonorrhoea, 51; Syphilis, 33.

DEATHS FROM ALL CAUSES IN MANITOBA

for the Month of July, 1940

URBAN—Cancer 47, Tuberculosis 9, Pneumonia (other forms) 5, Pneumonia Lobar 3, Syphilis 3, Influenza 1, Lethargic Encephalitis 1, Whooping Cough 1, all others under one year 14, all other causes 168, Stillbirths 9. Total 261.

RURAL—Cancer 27, Tuberculosis 15, Pneumonia (other forms) 9, Whooping Cough 3, Measles 2, Syphilis 2, Pneumonia Lobar 1, all others under one year 18, all other causes 145, Stillbirths 10. Total 232.

INDIAN—Tuberculosis 8, Influenza 3, Pneumonia (other forms) 3, Whooping Cough 2, Cancer 1, all others under one year 4, all other causes 4. Total 25.

THE COD LIVER OIL SITUATION

It is likely that we will experience a shortage of Medicinal Cod Liver Oil unless existing supplies are carefully husbanded. Norway naturally has been eliminated as a source of cod liver oil. To add to our difficulties, Iceland, which produces much of the finest oil, had an exceptionally poor season and their yield of oil is only a fraction of the normal.

By drawing on their reserves and enlisting the co-operation of Newfoundland fishermen, E. R. Squibb & Sons of Canada will be able to supply Medicinal Cod Liver Oil in reasonable quantities of their usual high potency. Squibb Cod Liver Oil is so rich that one 5 cc teaspoonful supplies 9,000 international units of vitamin A and 1,300 international units of vitamin D (far more than the accepted daily requirement for infants and growing children).

Physicians are urgently requested when prescribing Squibb Cod Liver Oil to order only 1 teaspoonful daily. Where additional vitamin D is required, rather than ordering multiple doses of the plain oil, it will be appreciated if Squibb Cod Liver Oil 10D is specified.

—Adv.